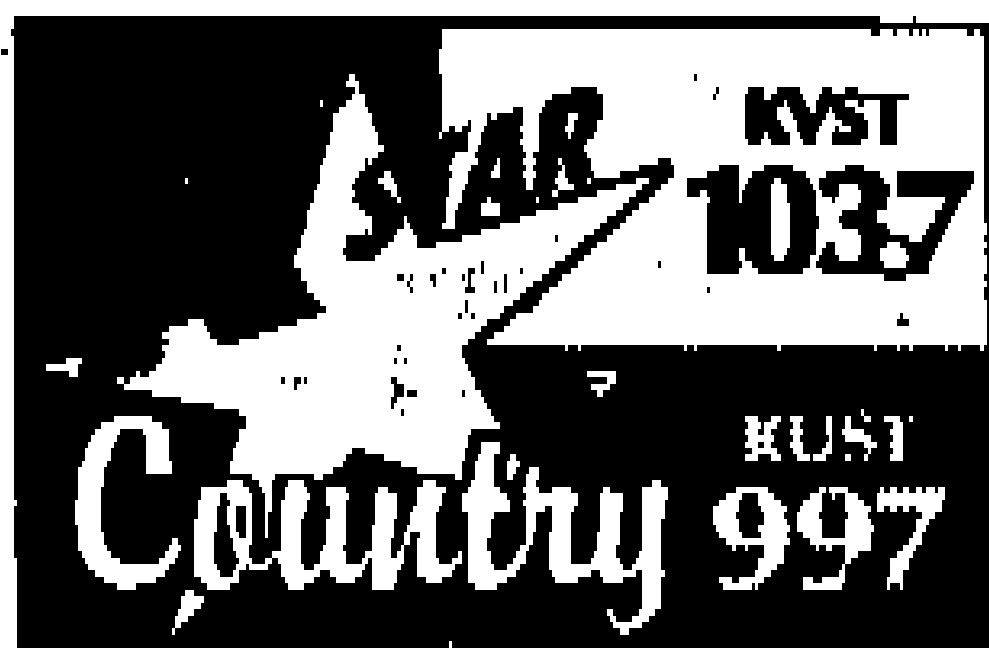


United States Bankruptcy Court  
1283, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

## PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-35878  United States District Court Southern District of Texas ELL EN  SEP 13 2000  Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Kvst Fm 103.7 Hometown Country	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent:  *****AUTO**3-DIGIT 773 Kvst Fm 103.7 Hometown Country PO Box 2708 Conroe TX 77305-2708  	<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: Beap1		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
<b>2. Date debt was incurred:</b> 4/11/00 & 5/21/00		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 1,050.60 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		1735	
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		Date: 9/12/00 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): DEBRA J. POTTER	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



KVST-FM-P.O. BOX 2708  
CONROE, TEXAS 77305  
409-788-1035/FAX: 788-2525  
METRO 409-441-6610

# AFFIDAVIT OF SERVICE RENDERED

DATE	5/21/00
INVOICE NUMBER	15771

The Undersigned Having Been Duly Sworn, Deposes and Says That Broadcasting Service Has Been Rendered by Radio Station KVST in accordance With the Accompanying Statement.

By 23 May 00  
Subscribed and Sworn to Before  
We this      day of      19     

KIMBERLY WILLIAMS Notary Public

4/27/2004

My commission expires

Page 1

Advertiser: BEALL'S

## INVOICE

BEADOL REYNOLDS MEDIA SERVICES  
2425 FOUNTAINVIEW  
SUITE #355  
HOUSTON, TX, 77057

DATE	ACCOUNT / RUN DETAIL					NO SPOTS	RATE	AMOUNT
	Contract 10151							
5/17/00	SPOT	2:18p	2:48p	5:18p	5:48p	60	41.20	206.00
5/18/00	SPOT	6:35a	7:18a	9:18a	9:48a	60	41.20	206.00
5/18/00	SPOT	12:35p	1:35p	3:18p	4:18p	60	41.20	206.00
	Total Sales -----							618.00
	Discount on Sales							92.70

WE APPRECIATE YOUR BUSINESS!

THANK-YOU. KVST 103.7 & 99.7 ON YOUR FM DIAL

Sales Rep: SHERRY INGRAM

**PAYMENT IS DUE ON OR BEFORE  
THE 10th OF THE MONTH**

A Finance Charge, is computed by a PERIODIC RATE OF 1 1/2% PER MONTH, which is an ANNUAL PERCENTAGE RATE OF 18%, added to the unpaid balance at the end of the next month following date of purchase.

525.30

THIS INVOICE WAS PREPARED FROM OFFICIAL LOGS  
TIMES SHOWN ABOVE ARE ACCURATE PLUS OR MINUS 5 MIN

**PLEASE PAY THIS AMOUNT**

~~SEP 13 2000~~

**Michael N. Milby, Clerk**

Andrew E. Jillson, Esq.  
Lynnette R. Warman, Esq.  
Jenkins & Gilchrist, a Professional corporation  
1445 Ross Avenue, Suite 3200  
Dallas, TX 75202-2799

## Date: